## NZZ 000 344 369

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TO: Registration Se Division of Cor			
	METAL LLC		
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	OSCAR JUAREZ		
		Name of Person	
	JM STEEL METAL LLC		
		Firm/Company	<del>· · · ·</del>
	1656 ROY DR		
		Address	········
	WEST PALM BEACH, FL	. 33415	
	OSCARJM051@GMAIL.C	City/State and Zip Code	
		to be used for future annual report no	otification)
For further information of	concerning this matter, please co	all:	
OSCAR JUAREZ		205 810-4728	
		at ()	
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
<b>■ \$25.00</b> Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration S	ection
Division of C		Division of Co	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 DocuSign Envelope ID: C49FF068-14E4-402F-957F-B3DD24F3DBC2

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JM STEEL METAL LLC	
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on  L22000344369	/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here	<b>;</b>
The new name must be distinguishable and contain the words "Limited Liability Company," the desi	gnation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
<del> </del>	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
(muning university) DE ATT OUT OF THEE BOAY	TAP
B. If amending the registered agent and/or registered office address on our recogent and/or the new registered office address here:	ords, enter the name of the new registered
agent and/or the new registered office address here:	AH Y OF
Name of New Registered Agent:	
New Registered Office Address:	TE O
	a street address
	. Fłorida

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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11 amenuing Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	DELMIR NUNEZ	1656 ROY DR, WEST PALM BEACH, FL 33415	<b>£</b> ]Add
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ective date, if other the effective date is listed, the o	an the date of	filing:	e prior to date of	filing or more the	option:	al) na i Premonito 600	<b>5</b> 01
te: If the date inserted in ument's effective date or	this block does	not meet the	applicable stati	utory filing requ	irements, this d	ate will not be list	ted
cord specifies a delayed of filed.	effective date, b	it not an effec	ctive time, at 12	2:01 a.m. on the	earlier of: (b)	The 90th day afte	er tl
08/08		2022					
ed		·	·				
			DocuSigned b	v:			

Filing Fee: \$25.00

Typed or printed name of signee